

**APPLICATION FOR NEW
FIREWORKS BUSINESS LICENSE**

CITY OF BOUNTIFUL

790 South 100 East - P. O. Box 369
Bountiful, UT 84011-0369
Phone: 298-6190

**Please Complete All Items - Incomplete Forms Will
Be Returned Without Being Processed**

1. **NAME OF BUSINESS** _____
2. **BOUNTIFUL BUSINESS ADDRESS** _____
Mailing Address (if different than Business Address) _____
City & State _____
3. **UTAH STATE TEMPORARY SALES TAX NO.** _____
4. **OWNER'S NAME AND HOME ADDRESS (If corporation, list principal Officers)**

Name	_____	Name	_____
Street	_____	Street	_____
City & State	_____	City & State	_____
Zip Code	_____	Telephone No.	_____
Zip Code	_____	Telephone No.	_____

MANAGER'S NAME _____ **Telephone No.** _____

**PLEASE FURNISH NAME AND TELEPHONE NUMBER OF PERSON (OTHER THAN MANAGER)
WHO MAY BE CONTACTED BY THE CITY AFTER HOURS IN CASE OF FIRE OR POLICE
EMERGENCY AT YOUR BUSINESS.**

Name _____ **Home Telephone** _____

5. **LICENSE FEE: (Make checks payable to City of Bountiful) \$125.00**
6. **I DECLARE THAT THE INFORMATION SET FORTH HEREIN (or attached) IS TRUE AND
CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

SIGNATURE OF APPLICANT _____ **Date** _____

For Office Use Only

Date Rec'd. _____

Receipt No. _____ **Lic. No.** _____

Approved by _____

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